

Application For Employment

City of Alcoa
Municipal Building
Alcoa, Tennessee 37701

PLEASE NOTE: This application is a very important part of the examination process. All requested information must be furnished. Please be aware that the information you provide will be used in the job screening process. Therefore, it is important that you be as specific as possible in your description of past and present experiences, training and education. Answer all these questions fully and accurately. If additional space is needed, please use a blank sheet and attach it to the application form. If an item does not apply to you, or there is no information to be given, please write in the letters "NA" for not applicable. All job applications are a matter of public record.

(PLEASE PRINT OR TYPE)

DATE _____ POSITION DESIRED _____

DEPARTMENT _____

HAVE YOU EVER BEEN EMPLOYED BY THE CITY? Yes ☐ No ☐

If so, please indicate position, department and dates of employment _____

PERSONAL DATA

NAME _____ SOC. SEC. # _____
last first middle

ADDRESS _____
number street

city state zip code

TELEPHONE NUMBER: Home: () _____ Cell: () _____

ARE YOU A U.S. CITIZEN? Yes ☐ No ☐

IF NOT, DO YOU HAVE AUTHORIZATION TO WORK IN THIS COUNTRY? Yes ☐ No ☐

DO YOU HAVE ANY RELATIVES EMPLOYED BY THE CITY? Yes ☐ No ☐

IF SO, WHICH DEPT/LOCATION/NAME OF EMPLOYEE _____

TYPE RELATIONSHIP _____

Education and Training

HIGH SCHOOL ATTENDED _____

City

state

MAJOR COURSE OF STUDY _____

DIPLOMA: (CIRCLE)

YES

NO

GED

COLLEGES/UNIVERSITIES TRADE/BUSINESS SCHOOL	CITY/STATE ZIP CODE	DEGREE EARNED	MAJOR AREA OF STUDY

OTHER TRAINING RECEIVED (such as: Internships, Military Training, Supervisor, Customer Service, etc.)

SPECIAL QUALIFICATIONS AND SKILLS (check all that applies)

TN POST CERTIFIED (Current?) Yes ☐ No ☐

TN FIREFIGHTER I (Current?) Yes ☐ No ☐

TN FIREFIGHTER II (Current?) Yes ☐ No ☐

EMT (Current?) Yes ☐ No ☐

FIRST RESPONDER (Current?) Yes ☐ No ☐

CDL (Current?) Yes ☐ No ☐ Class _____

ANY OTHER CERTIFICATIONS? _____

OTHER _____

Employment Record

List below all present and past employment information and/or substantive volunteer work beginning with the most recent positions and ending with your first, if appropriate. Take time to fill these blocks carefully. Your qualifications depend in a large part on your employment history. Indicate if you are now unemployed or if you have never been employed.

May inquiries be made of your present employer regarding your qualifications and record of employment? (A “no” will not affect your consideration for employment.)

Yes ☐ No ☐

EMPLOYER	TITLE OF POSITION	
ADDRESS	FROM	TO
CITY, STATE, ZIP CODE	SUPERVISOR	
DUTIES – RESPONSIBILITIES:	PHONE #	
REASON FOR LEAVING	SALARY HISTORY:	
	STARTING \$ _____	ENDING \$ _____

EMPLOYER	TITLE OF POSITION	
ADDRESS	FROM	TO
CITY, STATE, ZIP CODE	SUPERVISOR	
DUTIES – RESPONSIBILITIES:	PHONE #	
REASON FOR LEAVING	SALARY HISTORY:	
	STARTING \$ _____	ENDING \$ _____

EMPLOYER	TITLE OF POSITION	
ADDRESS	FROM	TO
CITY, STATE, ZIP CODE	SUPERVISOR	
DUTIES – RESPONSIBILITIES:	PHONE #	
REASON FOR LEAVING	SALARY HISTORY:	
	STARTING \$ _____	ENDING \$ _____

References

Please list three persons, other than relatives or former employers, who have knowledge of your character and/or abilities.

NAME	MAILING ADDRESS	YRS KNOWN	PHONE

How did you become aware of the job opening? (Please check boxes)

☐ Newspaper ☐ Employee ☐ Posting ☐ Other

PLEASE READ BEFORE SIGNING

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any information orally and/or in writing that may be requested to arrive at an employment decision and waive any right of privilege, privacy and/or confidentially I may have in this information.

Signature

Date

EEO/ADA/ADEA/TITLE VI EMPLOYER

Personnel Information Form

The information requested on this form will not affect you as an applicant for a position. This information is collected for compliance with government record keeping and reporting requirements. The information will be maintained in a confidential file separate from the employment application and will not be given to anyone who makes hiring decisions. We would appreciate your cooperation and assistance in our efforts to ensure equal employment opportunity. This information is optional.

DATE _____

POSITION APPLIED FOR _____

NAME _____ PHONE () _____
last first mi area code

ADDRESS _____
number street city state zip code

DATE OF BIRTH _____ SS# _____

CHECK ONE:

SEX: ☐ MALE ☐ FEMALE

RACE/ETHNIC GROUP: ☐ WHITE ☐ BLACK ☐ NATIVE AMERICAN

☐ HISPANIC ☐ ASIAN ☐ ALASKAN NATIVE

☐ OTHER _____

Will you need any accommodations or assistance if an interview is scheduled? Yes ☐ No ☐

VETERAN: Yes ☐ No ☐

IF YES, HONORABLY DISCHARGED? Yes ☐ No ☐

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes ☐ No ☐

IF SO, LIST YEAR _____ STATE _____

NOTIFY IN CASE OF EMERGENCY

NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ BUSINESS PHONE () _____

EEO/ADA/ADEA/TITLE VI EMPLOYER